PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Debart Chica; U.S.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/569,174			ing Date 22/2 <b>00</b> 6	To be Mailed	
	Al	AS FILE	SMALL	ENTITY $\square$	OR		HER THAN						
⊢	FOR		NUMBER FILED		(Column 2) NUMBER EXTRA			RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A		N/A			N/A	1 == (4)	1	N/A	1 == (4)	
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A	N/A		N/A		N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A		1	N/A		
TO'	FAL CLAIMS CFR 1.16(i))		11 minus 20 =		• 0			x \$ =		OR	X \$50 =	0	
IND	EPENDENT CLAIM CFR 1.16(h))	s	3 minus 3 = *		• 0			x \$ =		1	X \$200 =	0	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	If the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  "If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		ł	TOTAL	0	
·								IOIAL		ı	IOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY										OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT	07/16/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 11	Minus	<b>~</b> 11		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	• 3	Minus	3		= 0		x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))												
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	**				x \$ =		OR	x s =		
M	Independent (37 CFR 1,16(h))		Minus	***				x \$ =		OR	x s =		
핇	Application Size Fee (37 CFR 1.16(s))									]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
TC AL FE  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									nstrument Ev	OR (amin	TOTAL ADD'L FEE		
***	If the entry in column 1 is uses train the entry in column 2, write 0 in column 3.  If the "Highest Municher Proviously Paid For IN THIS SPACE is less than 30, enter" 20'.  If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3'.  If the "Highest Municher Proviously Paid For IN THIS SPACE is less than 3, enter "3'.  If the "Highest Municher Proviously Paid For IN THIS SPACE is less than 3, enter "3'.												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.